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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/564,934			ing Date 13/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FI	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A		]	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 = *			l	x s =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	X \$ =		
	APPLICATION SIZE (97 CFR 1.16(s))	FEE she is \$	ets of pap 250 (\$125 itional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	06/06/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 110	Minus	** 56	= 54	]	x s =		OR	X \$52=	2808	
	Independent (37 CFR 1.16(h))	• 3	Minus	***3	<b>=</b> 0	]	X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	2808	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,15(i))		Minus			]	× \$ =		OR	x s =		
Δ	Independent (37 CFR 1 16(h))	*	Minus	***	-	]	X \$ =		OR	x s =		
핍	Application Size Fee (37 CFR 1.16(s))					1			l			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ji))								OR			
									OR	TOTAL ADD'L FEE		
"If the religions Number Previously Paid For 'in YHIS SPACE is less than 20, enter '20'. "If the 'Highest Number Previously Paid For 'in YHIS SPACE is less than 20, enter '20'. "If the 'Highest Number Previously Paid For 'in YHIS SPACE is less than 3, enter '20'. "If the 'Highest Number Previously Paid For 'in YHIS SPACE is less than 3, enter '3'.  The 'Highest Number Previously Paid For 'in YHIS SPACE is less than 3, enter '3'.  The Highest Number Previously Paid For 'if YHIS SPACE is less than 3, enter '3'.  The Highest Number Previously Paid For 'if YHIS SPACE is less than 3, enter '3'.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT To to proceed) an application of the completion of the completi ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.